

**REGISTRATION FORM – FY 2003**  
**Medicaid Drug Dispute Resolution Meeting**  
**September 8 – 12, 2003**  
**Baltimore, Maryland**

**Note: You may register electronically at:**

<http://www.cms.hhs.gov/medicaid/drugs/drpmtgregister.asp>

Name:	Phone:
Manufacturer: (Labeler Code)	E-mail:
State:	Fax:

**I would like to meet with the following Manufacturers/States:**

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**The following staff may also be attending the meeting with me:**

**Name:**

**Phone:**

**E-mail:**

**FAX:**

**If you have issues with a Manufacturer/State that you think will take more time than a typical DRP meeting (30 minutes - 1 hour), please let us know ASAP so that we can try to accommodate you in our meeting plans.**

**Also, if there are new, complex or unusual program issues related to your dispute that the DRP Team can research before the meetings to better ensure efficient resolution, please call or email us with the issue(s) as soon as they are known.**

If you have any questions please contact Diane Dunstan at (303) 844-7040 or email [ddunstan@cms.hhs.gov](mailto:ddunstan@cms.hhs.gov). Please fax your completed form to Diane Dunstan at (303) 844-3753.